

Electronic Questionnaires for Investigations Processing (e-QIP)

WORKSHEET - DO NOT SUBMIT

This is a worksheet intended to aid in the collection of background data to be used in completing the SF 86, Questionnaire for National Security Positions, on the e-QIP system.

Instructions for Completing this Form

1. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box. If you need to estimate a date, an "estimated" box will be available after each date entry blank.
2. Do not abbreviate the names of cities or foreign countries.
3. The 5-digit postal ZIP codes are needed to speed the processing of your investigation.
4. For telephone numbers in the United States, be sure to include the area code, and use one of the following formats: (123)456-7890 or 1234567890.
6. All dates provided on this form must be in Month/Day/Year or Month/Year format. The year should be entered as all four numbers, i.e., 1978 or 2001. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by checking the "Est." box.
7. Read each question carefully, many questions are phrased in such a way as to indicate how far you must go back to fully answer the question, i.e., Have you ever, Or, Since Junior High School, or In the last five years. If the question does not provide the scope, then you will need to provide information as follows:
 - Initial Secret clearance – 7 years
 - Periodic Reinvestigation for a Secret clearance – 7 years or date of last investigation.
 - Periodic Reinvestigation for a Top Secret clearance – 5 years or date of last investigation.
 - Initial Top Secret clearance – 10 years.

Please Note: Some questions on the current SF86 specify a time frame of seven years, which is not consistent with Executive Order 12968. Until a revised form is in place, interim instructions are needed for some of the items on the current SF86 when an SSBI is required. These questions should be answered with a ten (10) year time frame for the case to meet the new standard:

- Section 9: Where You Have Lived
- Section 10: Where You Went to School
- Section 11: Your Employment Activities
- Section 22: Your Employment Record
- Section 23, questions e and f: Your Police Record
- Section 29: Public Record Civil Court Actions

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Section 1: Full Name

If you have no first name or middle name, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If you have only initials in your name, enter the initial(s) (without the period) and select Initial Only (IO). If you are a "Jr.," "Sr.," "II," etc., enter this under Suffix.

Last: _____ First: _____ Middle: _____ Suffix: _____

Section 2: Date of Birth

Date of Birth: (Month/Day/Year): _____

Section 3: Place of Birth

Place of Birth

City: _____ County: _____ State: _____ Country: _____

Section 4: Social Security Number

Your Social Security Number: _____ - _____ - _____

Section 5: Other Names Used

Give other names you have used and the period of time you used them (for example: maiden name, name(s) by a former marriage, former name(s), alias(es), nickname(s)).

Other Names Used: _____

Section 6: Other Identifying Information

Height: (Feet) _____ (Inches) _____

Weight (Pounds): _____

Hair Color: _____

Eye Color: _____ .

Sex: Male _____ or Female _____

Section 7: Telephone Numbers

Provide your telephone numbers and the time of the day that you are most likely available at these numbers. Include the Area Code and extension, where applicable.

Work Telephone Number: (_____) _____

Home Telephone Number: (_____) _____

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Section 8: Citizenship

Item a

Mark the box that reflects your current citizenship status.

Citizenship Status

- ☐ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b & d)
- ☐ I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)
- ☐ I am not a U.S. citizen. (Answer items b and e)

Item b: Your Mother's Maiden Name: _____.

Item c, United States Citizenship

If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

- Naturalization Certificate (Where were you naturalized?)

Court: _____

Location: _____

City: _____ State: _____

Certificate Number: _____

Date Issued (Month/Day/Year) : ____ / ____ / ____

- Citizenship Certificate (Where was the certificate issued?)

Place Issued

City: _____ State: _____

Certificate Number: _____

Date Issued (Month/Day/Year) : ____ / ____ / ____

- State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Date Form Prepared (Month/Day/Year) : ____ / ____ / ____

Explanation _____

U.S. Passport (This may be either a current or previous U.S. Passport.)

Passport Number: _____

Date Issued (Month/Day/Year) : ____ / ____ / ____

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Item d, Dual Citizenship

If you are (or were) a dual citizen of the United States and another country, provide the name of that country.

Country(ies) of Dual Citizenship: _____

Item e, Alien

If you are an alien, provide the following information:

Place You Entered the United States

City: _____ State: _____

Date You Entered U.S. (Month/Day/Year): ____ / ____ / ____

Alien Registration Number: _____

Country(ies) of Citizenship: _____

Section 9: Where You Have Lived

Provide a detailed entry for each place you have lived in the last 7 years. All periods must be accounted for in your list. Do not list a permanent address when you were actually living at a school address, etc. You may omit temporary military duty locations under 90 days (list your permanent address instead).

Provide the requested information about this place where you have lived.

Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port.

For temporary military duty locations under 90 days, list your permanent address instead. You should use your APO/FPO address if you lived overseas.

For addresses in the last five years, if this address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence under Additional Comments below.

1. Dates of Activity

From (Month/Year): ____ / ____ To (Month/Year): Present.

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

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Person Who Knew You

For any address in the last 5 years, list a person who knew you at this address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives).

Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

2. Dates of Activity

From (Month/Year): ____ / ____ To (Month/Year): Present.

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Person Who Knew You

Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

3. Dates of Activity

From (Month/Year): ____ / ____ To (Month/Year): Present.

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Person Who Knew You

Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

4. Dates of Activity

From (Month/Year): ____ / ____ To (Month/Year): Present.

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

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Person Who Knew You

Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

5. Dates of Activity

From (Month/Year): ____ / ____ To (Month/Year): Present.

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Person Who Knew You

Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

Section 10: Where You Went To School

List the schools you have attended, beyond Junior High School, in the last 7 years. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred. Provide the requested information about this school you attended. For correspondence schools and extension classes, provide the address where the records are maintained.

1. Dates of Activity: From (Month/Year): ____ / ____ To (Month/Year): ____ / ____

School Type:

High School.

College/University/Military College

Vocational/Technical/Trade School

School Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

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Provide a detailed entry for each degree, diploma, etc. you received from this school.

Degree/Diploma/Other

Date Awarded (Month/Year): ____ / ____

Degree/Diploma/Other: _____

Person Who Knew You

For schools you attended in the last 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

2. Dates of Activity: From (Month/Year): ____ / ____ To (Month/Year): ____ / ____

School Type:

High School.

College/University/Military College

Vocational/Technical/Trade School

School Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Provide a detailed entry for each degree, diploma, etc. you received from this school.

Degree/Diploma/Other

Date Awarded (Month/Year): ____ / ____

Degree/Diploma/Other: _____

Person Who Knew You

Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

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Section 11: Your Employment Activities

Provide a detailed entry for each of your employment activities for the last 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

1. Dates of Activity: From (Month/Year): ____ / ____ To (Month/Year): PRESENT

Use one of the codes listed below to identify the type of employment:

- ☐ Active military duty stations
- ☐ National Guard/Reserve
- ☐ U.S.P.H.S. Commissioned Corps
- ☐ Other Federal employment
- ☐ State Government (Non-Federal employment)
- ☐ Self-employment
- ☐ Unemployment
- ☐ Federal Contractor
- ☐ Other, _____

Include your duty location or home port and your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Service Branch: _____

Military Rank: _____

Military Duty Location/Employer Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

Job Location Street Address (if different than employer address)

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Job Location Telephone Number: (_____) _____

Supervisor's Name: _____

Street Address: _____

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City: _____ State: _____ Country: _____ Zip Code: _____

Supervisor's Telephone Number: (_____) _____

2. Dates of Activity: From (Month/Year): ____ / ____ To (Month/Year): ____ / ____

Use one of the codes listed below to identify the type of employment:

- ☐ Active military duty stations
- ☐ National Guard/Reserve
- ☐ U.S.P.H.S. Commissioned Corps
- ☐ Other Federal employment
- ☐ State Government (Non-Federal employment)
- ☐ Self-employment
- ☐ Unemployment
- ☐ Federal Contractor
- ☐ Other, _____

Include your duty location or home port and your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Service Branch: _____

Military Rank: _____

Military Duty Location/Employer Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

Job Location Street Address (if different than employer address)

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Job Location Telephone Number: (_____) _____

Supervisor's Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Supervisor's Telephone Number: (_____) _____

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3. Dates of Activity: From (Month/Year): ____ / ____ To (Month/Year): ____ / ____

Use one of the codes listed below to identify the type of employment:

- ☐ Active military duty stations
- ☐ National Guard/Reserve
- ☐ U.S.P.H.S. Commissioned Corps
- ☐ Other Federal employment
- ☐ State Government (Non-Federal employment)
- ☐ Self-employment
- ☐ Unemployment
- ☐ Federal Contractor
- ☐ Other, _____

Include your duty location or home port and your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Service Branch: _____

Military Rank: _____

Military Duty Location/Employer Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

Job Location Street Address (if different than employer address)

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Job Location Telephone Number: (_____) _____

Supervisor's Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Supervisor's Telephone Number: (_____) _____

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4. Dates of Activity: From (Month/Year): ____ / ____ To (Month/Year): ____ / ____

Use one of the codes listed below to identify the type of employment:

- ☐ Active military duty stations
- ☐ National Guard/Reserve
- ☐ U.S.P.H.S. Commissioned Corps
- ☐ Other Federal employment
- ☐ State Government (Non-Federal employment)
- ☐ Self-employment
- ☐ Unemployment
- ☐ Federal Contractor
- ☐ Other, _____

Include your duty location or home port and your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Service Branch: _____

Military Rank: _____

Military Duty Location/Employer Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

Job Location Street Address (if different than employer address)

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Job Location Telephone Number: (_____) _____

Supervisor's Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Supervisor's Telephone Number: (_____) _____

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5. Dates of Activity: From (Month/Year): ____ / ____ To (Month/Year): ____ / ____

Use one of the codes listed below to identify the type of employment:

- ☐ Active military duty stations
- ☐ National Guard/Reserve
- ☐ U.S.P.H.S. Commissioned Corps
- ☐ Other Federal employment
- ☐ State Government (Non-Federal employment)
- ☐ Self-employment
- ☐ Unemployment
- ☐ Federal Contractor
- ☐ Other, _____

Include your duty location or home port and your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Service Branch: _____

Military Rank: _____

Military Duty Location/Employer Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

Job Location Street Address (if different than employer address)

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Job Location Telephone Number: (_____) _____

Supervisor's Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Supervisor's Telephone Number: (_____) _____

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Section 12: People Who Know You Well

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

1. Dates Known From (Month/Year): ____ / ____ To (Month/Year):): ____ / ____

Name: _____

Home or Work Address _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

2. Dates Known From (Month/Year): ____ / ____ To (Month/Year):): ____ / ____

Name: _____

Home or Work Address _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

3. Dates Known From (Month/Year): ____ / ____ To (Month/Year):): ____ / ____

Name: _____

Home or Work Address _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone Number: (_____) _____

Section 13/15: Your Spouse

Mark one item to show your current marital status.

- ☐ Never Married
- ☐ Married
- ☐ Separated
- ☐ Legally Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Other

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Current Spouse:

Full Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Date of Birth: (Month/Day/Year): ____ / ____ / ____

Social Security Number: ____ - ____ - ____

Place of Birth: City: _____ State: _____ Country: _____ Zip _____

Current Address: City: _____ State: _____ Country: _____ Zip _____

Date of Married: (Month/Day/Year): ____ / ____ / ____

Place Married: City: _____ State: _____ Country: _____ Zip _____

Date of Separation: (Month/Day/Year): ____ / ____ / ____

Location of Separation Record: City: _____ State: _____ Country: _____

Citizenship: _____

Other Names Used: Name: _____ Dates Used: _____

Name: _____ Dates Used: _____

If your current spouse is a U.S. citizen by other than birth, or an alien residing in the U.S.,
provide a Proof of Citizenship: _____

Former Spouse(s):

Status of Former Marriage:

☐ Divorced

☐ Widowed

☐ Other

If Divorced is the person deceased: ____ Yes, or ____ No

Full Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Date of Birth: (Month/Day/Year): ____ / ____ / ____

Place of Birth: City: _____ State: _____ Country: _____ Zip _____

Citizenship: _____

Date of Married: (Month/Day/Year): ____ / ____ / ____

Place Married: City: _____ State: _____ Country: _____ Zip _____

Date Divorced or Widowed: (Month/Day/Year): ____ / ____ / ____

Location of Divorce Record: City: _____ State: _____ Country: _____

Address of Former Spouse: City: _____ State: ____ Country: _____ Zip _____

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Section 14/15: Your Relatives and Associates

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- | | | |
|--|------------------|-------------------------------------|
| 1. Mother | 7. Stepchild | 14. Father-in-law |
| 2. Father | 8. Brother | 15. Mother-in-law |
| 3. Stepmother | 9. Sister | 16. Guardian |
| 4. Stepfather | 10. Stepbrother | 17. Other Relative* |
| 5. Foster Parent | 11. Stepsister | 18. Associate* |
| 6. Child (Adopted and Foster Child also) | 12. Half-brother | 19. Adult Currently Living with You |
| | 13. Half-sister | |

*Other Relative - include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Associate - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Relationship Type: Mother.

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Deceased: _____ Yes, or _____ No

Date of Birth: (Month/Day/Year): ____ / ____ / ____

Country of Birth: _____

Country(ies) of Citizenship: _____

Provide the following information if this person is living.

Current Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

If your current relative is a U.S. citizen by other than birth, or an alien residing in the U.S., provide a Proof of Citizenship: _____

Relationship Type: Father.

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Deceased: _____ Yes, or _____ No

Date of Birth: (Month/Day/Year): ____ / ____ / ____

Country of Birth: _____

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Country(ies) of Citizenship: _____

Provide the following information if this person is living.

Current Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

If your current relative is a U.S. citizen by other than birth, or an alien residing in the U.S., provide a Proof of Citizenship: _____

Relationship Type: _____.

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Deceased: _____ Yes, or _____ No

Date of Birth: (Month/Day/Year): ____ / ____ / ____

Country of Birth: _____

Country(ies) of Citizenship: _____

Provide the following information if this person is living.

Current Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

If your current relative is a U.S. citizen by other than birth, or an alien residing in the U.S., provide a Proof of Citizenship: _____

Relationship Type: _____.

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Deceased: _____ Yes, or _____ No

Date of Birth: (Month/Day/Year): ____ / ____ / ____

Country of Birth: _____

Country(ies) of Citizenship: _____

Provide the following information if this person is living.

Current Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

If your current relative is a U.S. citizen by other than birth, or an alien residing in the U.S., provide a Proof of Citizenship: _____

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Relationship Type: _____.

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Deceased: _____ Yes, or _____ No

Date of Birth: (Month/Day/Year): ____ / ____ / ____

Country of Birth: _____

Country(ies) of Citizenship: _____

Provide the following information if this person is living.

Current Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

If your current relative is a U.S. citizen by other than birth, or an alien residing in the U.S., provide a Proof of Citizenship: _____

Section 16: Your Military History

a. Have you served in the United States military?

_____ Yes, or _____ No

b. Have you served in the United States Merchant Marine?

_____ Yes, or _____ No

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. If you had a break in service, each separate period should be listed. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Military History

Dates of Activity: From (Month/Year): ____ / ____ To (Month/Year): Present.

Use one of the codes listed below to identify your branch of service:

- ☐ Branch of Service
- ☐ Air Force:
- ☐ Army
- ☐ Navy
- ☐ Marine Corps
- ☐ Coast Guard
- ☐ Merchant Marine
- ☐ National Guard

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Service/Certificate: _____

Status: ____ Officer or ____ Enlisted

☐ Active

☐ Active Reserve

☐ Inactive Reserve

If your service was with other than the U.S. Armed Forces, identify the country for which you served. Country: _____

Section 17: Your Foreign Activities

a. Do you have any foreign property, business connections, or financial interests?

_____ Yes, or _____ No

If you answered "Yes", provide a detailed entry for each period of foreign activity.

b. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm or agency?

_____ Yes, or _____ No

If you answered "Yes", provide a detailed entry for each period of foreign activity.

c. Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

_____ Yes, or _____ No

If you answered "Yes", provide a detailed entry for each period of foreign activity.

d. In the last 7 years, have you had an active passport that was issued by a foreign government?

_____ Yes, or _____ No

If you answered "Yes", provide a detailed entry for each period of foreign activity.

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Section 18: Foreign Countries You Have Visited

List foreign countries you have visited, except on travel under official Government orders, working back 7 years. (Travel as a dependent or contractor must be listed.) Include short trips to Canada or Mexico. If you lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Do not repeat travel covered in sections 9, 10, or 11.

1. Dates of Activity: From (Month/Year): _____ / _____ To (Month/Year): _____ / _____

Purpose of Visit

- ☐ Business
- ☐ Pleasure
- ☐ Education
- ☐ Other

Country Visited: _____

2. Dates of Activity: From (Month/Year): _____ / _____ To (Month/Year): _____ / _____

Purpose of Visit

- ☐ Business
- ☐ Pleasure
- ☐ Education
- ☐ Other

Country Visited: _____

Section 19: Your Military Record

Have you ever received other than an honorable discharge from the military?

_____ Yes, or _____ No

If "Yes," provide the date of discharge and type of discharge below.

Date of Discharge (Month/Year) _____ / _____

Type of Discharge: _____

Section 20: Your Selective Service Record

- a. Are you a male born after December 31, 1959?

_____ Yes, or _____ No

If you answered "Yes" to question a, answer the following question.

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b. Have you registered with the Selective Service System?

_____ Yes, or _____ No

If you answered "Yes" to question b, provide your registration number.

Registration Number: _____

If you answered "No," show the reason for your legal exemption.

Explanation: _____

****Note:** you may register or obtain your registration number by visiting www.sss.gov or calling 1(888) 655-1825

Section 21: Your Medical Record

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

_____ Yes, or _____ No

If you answered "Yes," provide an entry for each treatment to report, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Dates of Treatment: From (Month/Year): ____ / ____ To (Month/Year): ____ / ____

Name of Therapist or Doctor: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Section 22: Your Employment Record

Has any of the following happened to you in the last 7 years?

- Fired from a job.
- Quit a job after being told you'd be fired.
- Left a job by mutual agreement following allegations of misconduct.
- Left a job by mutual agreement following allegations of unsatisfactory performance.
- Left a job for other reasons under unfavorable circumstances.

_____ Yes, or _____ No

If you answered "Yes," provide a detailed entry for each occurrence to report.

Dates Fired, Quit, or Left: (Month/Year): ____ / ____

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Severance Type:

- ☐ Fired from a job
- ☐ Quit a job after being told you'd be fired
- ☐ Left a job by mutual agreement following allegations of misconduct
- ☐ Left a job by mutual agreement following allegations of unsatisfactory performance
- ☐ Left a job for other reasons under unfavorable circumstances

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Section 23: Your Police Record

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

a. Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)

_____ Yes, or _____ No

If Yes,

Date of Offense: (Month/Year): ____ / ____

Offense: _____

Action Taken: _____

Law Enforcement Authority/Court Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

b. Have you ever been charged with or convicted of a firearms or explosives offense?

_____ Yes, or _____ No

If Yes,

Date of Offense: (Month/Year): ____ / ____

Offense: _____

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Action Taken: _____

Law Enforcement Authority/Court Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

c. Are there currently any charges pending against you for any criminal offense?

_____ Yes, or _____ No

If Yes,

Date of Offense: (Month/Year): ____ / ____

Offense: _____

Action Taken: _____

Law Enforcement Authority/Court Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

d. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

_____ Yes, or _____ No

If Yes,

Date of Offense: (Month/Year): ____ / ____

Offense: _____

Action Taken: _____

Law Enforcement Authority/Court Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

e. In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)

_____ Yes, or _____ No

If Yes,

Date of Offense: (Month/Year): ____ / ____

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Offense: _____

Action Taken: _____

Law Enforcement Authority/Court Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

f. In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

_____ Yes, or _____ No

If Yes,

Date of Offense: (Month/Year): ____ / ____

Offense: _____

Action Taken: _____

Law Enforcement Authority/Court Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Section 24: Your Use of Illegal Drugs and Drug Activity

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

a. Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

_____ Yes, or _____ No

If you answered "Yes", provide an entry for each controlled substance or prescription drug used.

Date(s) Used: From (Month/Year): ____ / ____ To (Month/Year): ____ / ____

Controlled Substance/Prescription Drug(s): _____

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b. Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?

_____ Yes, or _____ No

If you answered "Yes", provide an entry for each controlled substance or prescription drug used.

Date(s) Used: From (Month/Year): ____ / ____ To (Month/Year): ____ / ____

Controlled Substance/Prescription Drug(s): _____

c. In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

_____ Yes, or _____ No

Section 25: Your Use of Alcohol

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

_____ Yes, or _____ No

If you answered "Yes," provide an entry for each treatment to report. Do not repeat information reported in response to section 21.

Date(s) of Treatment: From (Month/Year): ____ / ____ To (Month/Year): ____ / ____

Name of Counselor/Doctor: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Section 26: Your Investigations Record

a. Has the United States Government ever investigated your background and/or granted you a security clearance? If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

_____ Yes, or _____ No

If you answered "Yes," provide the requested information below.

Date of Action: (Month/Year): ____ / ____

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Agency Code:

- ☐ Do Not Know
- ☐ Department of Defense
- ☐ State Department
- ☐ Office of Personnel Management
- ☐ FBI
- ☐ Treasury Department
- ☐ Other; _____

Clearance Code:

- ☐ Do Not Know
- ☐ Not Required
- ☐ Confidential
- ☐ Secret
- ☐ Top Secret
- ☐ Sensitive Compartmented Information
- ☐ Q
- ☐ L
- ☐ Other

b. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (An administrative downgrade or termination of a security clearance is not a revocation.)

_____ Yes, or _____ No

If you answered "Yes," provide the requested information below.

Date of Action: (Month/Year): ____ / ____

Department or Agency Taking Action: _____

Section 27: Your Financial Record

a. In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

_____ Yes, or _____ No

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If you answered "Yes", provide an entry for each occurrence to report.

Date of Action: (Month/Year): ____ / ____

Type of Action: _____

Amount: _____

Name Action Occurred Under: _____

Court or Agency Handling Case Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

b. In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?

_____ Yes, or _____ No

If you answered "Yes", provide an entry for each occurrence to report.

Date of Action: (Month/Year): ____ / ____

Type of Action: _____

Amount: _____

Name Action Occurred Under: _____

Court or Agency Handling Case Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

c. In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

_____ Yes, or _____ No

If you answered "Yes", provide an entry for each occurrence to report.

Date of Action: (Month/Year): ____ / ____

Type of Action: _____

Amount: _____

Name Action Occurred Under: _____

Court or Agency Handling Case Name: _____

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Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

d. In the last 7 years, have you had any judgments against you that have not been paid?

_____ Yes, or _____ No

If you answered "Yes", provide an entry for each occurrence to report.

Date of Action: (Month/Year): ____ / ____

Type of Action: _____

Amount: _____

Name Action Occurred Under: _____

Court or Agency Handling Case Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Section 28: Your Financial Delinquencies

a. In the last 7 years, have you been over 180 days delinquent on any debt(s)?

_____ Yes, or _____ No

If you answered "Yes", provide an entry for each occurrence to report.

Date Incurred: (Month/Year): ____ / ____

Date Satisfied: (Month/Year): ____ / ____

Amount: _____

Type of Loan or Obligation: _____

Account Number: _____

Creditor or Obligee Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

b. Are you currently over 90 days delinquent on any debt(s)?

_____ Yes, or _____ No

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If you answered "Yes", provide an entry for each occurrence to report.

Date Incurred: (Month/Year): ____ / ____

Date Satisfied: (Month/Year): ____ / ____

Amount: _____

Type of Loan or Obligation: _____

Account Number: _____

Creditor or Obligee Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Section 29: Public Record Civil Court Actions

In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

_____ Yes, or _____ No

If you answered "Yes", provide an entry for each occurrence to report.

Date of Action: (Month/Year): ____ / ____

Nature of Action: _____

Result of Action: _____

Name of Parties Involved: _____

Court Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Section 30: Your Association Record

a. Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

_____ Yes, or _____ No

If you answered "Yes", provide an explanation: _____

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b. Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

_____ Yes, or _____ No

If you answered "Yes", provide an explanation: _____

Additional Comments

Use the space below to continue answers to all other items and any information you would like to add.

Additional Comments

[illegible]